

angular flaps are turned back and the bones exposed. The navicular and cuboid bones are sawn across, in a direction from the dorsum toward the plantar surface, and upon the same level. In the same manner the metatarsal bones are sawn through, and the parts to be removed loosened from their connection with the plantar surface of the foot. Ligature of the anterior tibial artery will be necessary; the surfaces of the sawn bones are to be sutured, as well as the tendon of the extensor longus pollicis muscle, and the external wound closed.

The operation is indicated in cases of injury or disease or the tarso-metatarsal articulations.—*Gaz. degli Osp.*, Nov. 2, 1887.

G. R. FOWLER (Brooklyn).

IV. Contribution to the Value of the Osteoplastic Resection of the Foot after Wladimiroff-Mikulicz. By DR. KARL BAUERHAHN (Berlin). The author contributes three cases operated upon by Professor Rose to the literature of the above operation the foot first carried out by Wladimiroff, and subsequently also in a modified manner by Mikulicz. Thus far 27 cases occur in the literature, which have been the subjects of this operation on the foot. G. Fisher has tabulated 15 cases, Zesas 19, and Ch. Fenger, 22 cases respectively. The operation was carried out in the majority of the cases for caries. In the first case of Mikulicz it was performed for a loss of substance caused by a syphilitic ulcer. Rousseau performed it in a case of badly united and complicated fracture. In the case of Niehaus there was a trauma. Slifassowski performed this operation for a sarcoma of the periosteum involving the calcaneus. This latter case adds another indication (malignant growths) for the performance of this operation. The operation of Wladimiroff-Mikulicz has been carried out upon adults in the majority of cases. In three cases children under 13 years of age were operated upon, the indication here being caries. Most of patients were of the middle age of life. The hope expressed by Mikulicz that in cases of tuberculosis a definite cure could be obtained because the operation was performed in healthy tissue, has not been realized. In several cases of caries a return of disease occurred some time after operation; in four cases of

the statistics of Fisher, 5 of Zesas' and one of Prof. Rose's cases. In the latter case caries of the pelvis also appeared. The return of the disease is especially liable to occur in the young patients (3 cases of Zesas under 12 years). Generally when a return of disease occurred the amputation of the leg was resorted to. The author concludes that after the osteoplastic operation patients need no apparatus; they have a stump both useful in standing and walking, the operation is especially gratifying in its results upon traumatic cases. It is superior to the operation of Syme and Pirogoff, in that the walking surface is greater, and the toes become after a time elastic. The results of the osteoplastic resection of the foot are not less favorable than those of other operations upon the foot.—*Zeitchr. f. Chir.* bd. 27, heft. 5 and 6.

HENRY KOPLIK (New York).